

ANABOLIC STEROIDS PA SUMMARY

LENGTH OF AUTHORIZATION: 6 months

PA CRITERIA:

For Oxymetholone (Anadrol-50)

- ❖ The following diagnoses are approvable: anemia caused by deficient red blood cell production, acquired aplastic anemia, congenital aplastic anemia, myelofibrosis, hypoplastic anemia due to administration of myelotoxic drugs, and HIV or AIDS wasting.
- ❖ For HIV or AIDS wasting, submit documentation significant weight loss.

For Oxandrolone (Oxandrin)

- ❖ Approvable for the following diagnoses when documentation of significant weight loss is submitted: protein catabolism (breakdown) due to prolonged corticosteroid use; HIV or AIDS wasting; failure to maintain or gain weight in the past 6 months due to extensive surgery, chronic infections, or severe trauma.
- ❖ Approvable for bone pain due to osteoporosis
- ❖ Approvable for short stature associated with Turner's Syndrome in members with an inadequate response to growth hormone.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **SXC Health Solutions at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.ghp.georgia.gov, select the Provider Information tab, click on "view full text" in the Pharmacy Services box, click on "Prior Approval Process" in the list on the left.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.ghp.georgia.gov, select Provider Information, click on "view full list" in the Medicaid Provider Manuals box then select Pharmacy Services from the list shown.